

ASSURANCES

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

- 1 Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;
- 2 Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and
- 3 Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant gives assurances to the Michigan Council for Arts and Cultural Affairs, that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

- This application was approved by the governing board on _____
- This application is scheduled to be approved by the governing board on _____

If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.

If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

Organization name: _____ Grant Program: _____

Authorized Official: (Cannot be the Project Director)

Name (typed) _____ Date _____

Signature _____

ATTACHMENT CHECKLIST

The deadline for application to MCACA programs is either May 1, or June 1, of any given year. Please check your program guidelines for the correct date. Late applications will not be accepted.

Applicants are required to complete the application forms on-line.
Please go to www.mcaca.egrant.net to apply.

ATTACHMENTS

Some attachments are part of the on-line application. However applicants are still required to mail some attachments. Also, not every program has the same requirements each year. **Please check your program guidelines for which attachments and how many copies of each are required.**

Indicate that you have completed the attachments by checking the corresponding box. Each page of each attachment must be labeled and numbered on the top right corner as follows:

Attachment# _____, Page # _____ , Organization _____

Four copies of Attachment # 4 through # 8 and #10 for Capital Improvement Applicants.
Also three sets of # 9 must be submitted.

- Attachment #1 Narrative -- submitted on-line
- Attachment #2 Budget Itemizations --- submitted on-line
- Attachment #3 Organizational History --- submitted on-line

- Attachment #4 List of Governing Board Members --- to be mailed
- Attachment #5 Project Director's Resume or Bio --- to be mailed
- Attachment #6 Letters of Support (minimum of three) --- to be mailed
- Attachment #7 Resume(s) or Bio(s) of key decision makers --- to be mailed
- Attachment #8 Resume(s) or Bio(s) of key Artist(s) --- to be mailed
- Attachment #9 Documentation --- to be mailed
- Attachment #10 Forms for Capital Improvement Program applicants only. --- to be mailed
- Attachment #11
 Assurances --- attach the Application fee to the Assurances page
 Checklist

PACKAGING

Indicate that all application materials that are to be mailed have been correctly packaged and labeled by checking the boxes below. Application materials should be placed in an envelope and labelled as follows. Please check your guidelines for any deviations in numbers of envelopes or copies required.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Envelope # 1
"Original" | <input type="checkbox"/> Envelope # 2
"Copy 1" | <input type="checkbox"/> Envelope # 3
"Copy 2" | <input type="checkbox"/> Envelope # 4
"Documentation"
Attachment #9 |
| Attachment #4 | Attachment #4 | Attachment #4 | <input type="checkbox"/> Envelope # 5
"Documentation"
Attachment #9 |
| Attachment #5 | Attachment #5 | Attachment #5 | <input type="checkbox"/> Envelope # 6
"Documentation"
Attachment #9 |
| Attachment #6 | Attachment #6 | Attachment #6 | |
| Attachment #7 | Attachment #7 | Attachment #7 | |
| Attachment #8 | Attachment #8 | Attachment #8 | |
| Attachment #10 | Attachment #10 | Attachment #10 | |
| Attachment #11 | Attachment #11 | Attachment #11 | |
| Application Fee
(Make check payable
to State of Michigan) | | | |

Staple your check to the Assurances page and place in envelope number 1.